

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

F62-041617

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **662**

FILED NOV 29 1962

1. PLACE OF DEATH

a. COUNTY **Boone**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Columbia**

Length of stay in 1b
21 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Univ. of Mo. Med. Cen.**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Mo.** b. COUNTY **Platte**

c. CITY OR TOWN **Parkville**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rt. 22 - Box 8

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **Anna** Middle **Gertrude** Last **Markley**

4. DATE OF DEATH
Month **Nov.** Day **23** Year **1962**

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-20-97

9. AGE (last birthday)
65

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
LURAY, Kan.

12. CITIZEN OF WHAT COUNTRY
USA.

13a. FATHER'S NAME

William F Markley

13b. MOTHER'S MAIDEN NAME

Edna L. Sellens

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Univ. of Mo. Med Records - Columbia, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignant Lymphoma

INTERVAL BETWEEN ONSET AND DEATH
unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov. 3, 1962** to **Nov 23, 1962** and last saw her alive on **Nov 22, 1962**
Death occurred at **4:55 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Richard A. Hogan MD

22b. ADDRESS

301 College Columbia Mo

22c. DATE SIGNED

11/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
11-24-62

23c. NAME OF CEMETERY OR CREMATORY
Luray Park

23d. LOCATION (City, town, or county)
Luray Kansas

(State)

24. FUNERAL DIRECTOR

Parker Funeral Service, Columbia, Mo

25. DATE RECD. BY LOCAL REG.
Nov 24 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4897

P. O. Address Columbus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.